

NOTICE OF CONTRACTING OPPORTUNITY  
APPLICATION FOR NAVY CONTRACT POSITIONS  
April 8, 2003

**THIS IS NOT A CIVIL SERVICE POSITION**

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS **3:00 PM EDT ON OR BEFORE May 9, 2003**. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND  
ATTN: 022S  
1681 NELSON STREET  
FORT DETRICK MD 21702-9203

E-MAIL: [Acquisitions@nmlc.med.navy.mil](mailto:Acquisitions@nmlc.med.navy.mil). IN SUBJECT LINE PLEASE REFERENCE: Code 022S

A. NOTICE. This position is set aside for individual Dental Laboratory Technicians. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing dental services under other Navy contracts will not be considered without the prior approval of the Contracting Officer.

B. POSITION SYNOPSIS. DENTAL LABORATORY TECHNICIAN. The Government is seeking to place under contract an individual who is either (a) certified as a Dental Technician in Ceramics and/or Crown and Bridge as determined by the National Board for Certification (NBC), (b), possesses at least 6 years experience within the preceding 8 years as a dental laboratory technician, or (c), has successfully completed military dental technician school and 2 years experience within the preceding 3 years. This individual must also (1) meet all the requirements contained herein and (2) competitively win this contract award. An Incentive Plan may be incorporated into the resulting contract award at a future date, to be bilaterally negotiated with you at the time the Incentive Plan is introduced.

The Government will assign you to a clinical location. Services shall be provided at one of the Branch Dental Clinics (BDCs) and Branch Dental Annexes under the auspices of the Naval Dental Center Mid-Atlantic, Norfolk, VA.

You shall be on duty in the assigned clinical area for 40 hours service Monday through Friday each week, between the hours of 0600 and 1800. You shall normally provide services for a 9-hour period including an uncompensated 1-hour for meal break. Specific hours shall be scheduled 30 days in advance by the Commanding Officer. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well-rested condition and shall have had at least six hours of rest from all other duties as a laboratory technician.

You shall accrue 4.6 hours of combined sick/annual leave at the end of every 80 hours worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. The Government will compensate you for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Government.

**II. STATEMENT OF WORK**

A. The use of "Commanding Officer" means the Commanding Officer, Naval Dental Center Mid-Atlantic, Norfolk, VA or designated representative, e.g. Contracting Officer Representative, Technical Liaison, or Department Head.

B. SUITS ARISING OUT OF MEDICAL MALPRACTICE. You are serving at the military treatment facility

under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against you based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

You shall be rendering personal services to the Government under this contract and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which you receive technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

#### C. DUTIES AND RESPONSIBILITIES.

##### 1. GENERAL.

Services provided under this contract shall be subject to guidelines including OSHA regulations, DOD directives, Department of the Navy directives and instructions, current Prosthodontic and Dental Technology literature, local Quality Assurance and Standard Operation Procedure standards and in-house Performance Quality Standards requirements. The technical aspects of fabricating dental prostheses requires judgment in the application of current dental technology and prosthodontic standards. Instructions are specifically stated on the laboratory work request, or given directly by the dental officer. In more complex cases, interpretation and adaptation of standards is referred to the Head, Dental Laboratory Department or Director of the Area Dental Laboratory.

You shall be responsible for the delivery of treatment within the personnel and equipment capabilities of the DTF, provision of mandated surveillance and preventive services, and the quality and timeliness of treatment records and reports required to document procedures performed and care provided.

You shall be subject to guidelines set forth in the Command's quality assurance and risk management instructions. You shall perform administrative duties that include maintaining statistical records of your clinical workload, participating in dental education programs, preparing documentation for boards, and participating in clinical staff quality assurance functions at the prerogative of the Commanding Officer, consistent with other technicians providing the same level of care.

You will be evaluated annually on your performance and adherence to the requirements of your contract. However, the Government reserves the right to evaluate you semi-annually. Additional (i.e. special) evaluations may be performed to correct clinical or other performance deficiencies identified by the Government. The totality of scheduled performance evaluations, any special evaluations, memoranda of counseling sessions, and any other documentation generated by the Government will constitute your complete evaluation.

##### 2. ADMINISTRATIVE AND TRAINING REQUIREMENTS. You shall:

Become familiar with and follow standardized (Navy) concepts of Laboratory operation, and

Enhance technical skills through attendance of internal/external continuing education courses, and through self-study. All continuing education documentation shall be submitted to the Director, Area Dental Laboratory or designee, and

Direct supporting Government employees assigned to him or her during the performance of clinical procedures. Such direction and interaction will comply with government and professional clinical standards and accepted protocols. The health care worker will be subject to guidelines set forth in the Command's quality assurance and risk management instructions. The health care worker shall perform administrative duties that include maintaining statistical records of his or her laboratory workload, participating in laboratory education programs, preparing documentation for boards, and participating in laboratory quality assurance functions at the prerogative of the Commanding Officer, and

Take initiative to make observations known to the appropriate individual in the chain of command if a problem or deficiency is recognized in the productions, quality assurance, or operation of the organization, and

Finish all ongoing work prior to any programmed absences, or make team members aware of uncompleted projects prior to such absences so they can be finished in a timely manner, and

Attend annual renewal of Government-provided training requirements for family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety, and

Meet with the Director or designee, Area Dental Laboratory at least on a monthly basis to discuss problems, quality, and work quantity levels as they affect the performance of this contract. The Director, Area Dental Laboratory will be the final authority on decisions pertaining to performance and quality. Director, Area Dental Laboratory will conduct an official evaluation at least semi-annually on performance and adherence to requirements, and

You may be assigned other duties consistent with the normal duties of a dental laboratory technician as directed by the Commanding Officer to include, but not limited to, participating in command quality improvement and assurance meetings, etc.

### 3. DENTAL LABORATORY SERVICES. You shall:

Perform a full range of dental laboratory technician duties, within the scope of this statement of work, on site using government furnished facilities, supplies, and equipment within the assigned unit of the Dental Facility. Actual performance will be a function of the overall demand for dental laboratory technician services.

Exhibit a customer care attitude for both internal and external customers and interact with those customers in a professional, courteous and service-oriented fashion. All customers' case related materials shall be handled with utmost care in order to preserve their quality and integrity.

Wear personal protection equipment such as scrub attire, gloves, masks, and eye protection and other required personal protection equipment. The work environment involves risks typically associated with the performance of clinical oral procedures and you may be exposed to contagious disease, infections and flying dental debris.

4. ORIENTATION. You shall undergo a one-day on-site orientation period. Orientation shall include familiarization with the facility, introduction to the Quality Improvement Program, introduction to Naval Dental Center Mid-Atlantic rules and regulations, introduction to military protocol such as military structure, time and rank, parking permits, infection control protocols and clarification of rights and responsibilities.

### 5. CLINICAL PRODUCTIVITY.

Your productivity will be a function of the overall demand for dental laboratory technician services. Your productivity is expected to be comparable to that of other dental laboratory technicians assigned to the same facility and authorized the same scope of practice. Specifically, you shall produce:

Crown and bridge - 95 DLWV's per calendar month, and  
Porcelain - 85 DLWV's per calendar month, and  
Removable partial denture - 40 DLWV's per calendar month, and  
Acrylics - 65 DLWV's per calendar month.

These metrics are dynamic and variations are to be expected. However, the Government does not view these variations as a change to the requirements contained herein. Productivity requirements will be apportioned for partial month or part-time service under the contract.

### 6. CLINICAL ACTIVITY. You shall:

Read, interpret, and apply requirements described in a dental prosthetic prescription (DD Form 2322), and

Design and Fabricate full metal restorations and metal substructures; apply a knowledge of recognized techniques

and mastery of design requirements for all substructure fabrication; consult with your supervisor if any questions in design should arise, and

Fabricate by waxing, spruing, investing, fitting and finishing various metal components into the prescribed prosthesis. Produce an average of ten finished units of crown and bridge per day consistent with workload. The work performed shall be at the quality level described by quality control personnel, and

Design and wax single unit and fixed partial denture substructure for full metal or porcelain application and function, and

Contour precious, semi-precious and non-precious alloys to esthetically replicate natural tooth structure, and

Fabricate complex esthetic intraoral fixed dental prosthesis to include single units, multiple units and units in combination with removable partial dentures, complete dentures or implant fixtures, and

Utilize survey/milling instruments to fabricate customized surveyed crowns and fixed partial dentures, and

Fabricate precision occlusal morphologies and occlusal schemes on individual and multiple fixed units in porcelain, and

Use applicable laboratory hardware, dental materials and techniques in the fabrication of precision attachment cases and implant restorations, and

Invest, cast and solder single unit crowns and fixed partial dentures, and

Utilize appropriate metal alloys and design as they apply to porcelain application and soldering procedures, and

Transfer maxillo-mandibular interocclusal records to articulators, and

Utilize simple, semi-adjustable, and fully adjustable articulators in the fabrication of precision dental prosthesis, and

Disinfect casts and other dental materials used in the fabrication of dental prosthesis. Pour dies, conventional impressions, and implant impressions, and

Apply porcelain to metal substructures, contour, seat and finish porcelain crowns to produce an average of 5-8 finished units per day, consistent with workload. The work performed shall be at the quality level described by quality control personnel, and

Ensure that the porcelain fused to metal crowns and all ceramic crowns fabricated by the ADL meet the quality standards and requirements of the Dental Officer's prescription and the ADL standards for quality, and

Fabricate ceramic crown and/or porcelain veneers as prescribed by dental providers, and

Fabricate fixed dental prosthesis to include single units, multiple units and units in combination with RPD, complete dentures or implant fixtures, and

Contour porcelain to esthetically replicate natural tooth structure, and

Design, wax and cast single unit and fixed partial substructures for porcelain application and function, and

Assist in problem solving and trouble shooting in fixed partial denture fabrication and dental material/product evaluation, and

Clean and maintain your work area to meet the clinic's standards.

III. MINIMUM PERSONNEL QUALIFICATIONS. To be qualified for this position you must:

Either (a), be a certified Dental Technician in Ceramics and/or Crown and Bridge as determined by the National Board for Certification (NBC), (b) possess a minimum of six years of experience within the previous eight years as a dental laboratory technician in Ceramics and/or Crown and Bridge, or (c), completion of a military dental technician program and two years experience within the preceding 3 years. A list of all former employers for the previous six years must be provided, and

Provide letters of recommendation from three practicing dentists or laboratory managers familiar with your work. The letters must attest to your skills, competencies, etc. Recommendation letters must include name, title, phone number, date of reference, address and signature of individual providing the letter. Recommendation letters must have been written within the preceding five years, and

Be eligible for U.S. employment, and

Represent an acceptable malpractice risk to the Navy, and

Submit a fair and reasonable price as determined by the Government prior to contract award.

IV. FACTORS TO BE USED IN A CONTRACT AWARD DECISION.

A. If you meet the minimum qualifications listed in the section. above entitled, "Minimum Personnel Qualifications", you will be ranked against all other qualified candidates using:

Your experience and training as it relates to the duties contained herein. This may include NBC certifications; then,

Your letters of recommendation that may enhance your ranking if they address such items as your clinical skills, professionalism, or specific areas of expertise, then,

Your total Continuing Education hours, then,

Any additional Dental certifications you hold, then,

Your experience in military dentistry (Form DD214).

V. INSTRUCTIONS FOR COMPLETING THE APPLICATION. To be qualified for this contract position, you must submit:

- A. \_\_\_\_\_ A completed, "Personal Qualifications Sheet – Dental Laboratory Technician " (Attachment I\*).
- B. \_\_\_\_\_ A completed Pricing Sheet (Attachment II).
- C. \_\_\_\_\_ Proof of employment eligibility (Attachment III).
- D. \_\_\_\_\_ Three or more letters of recommendation
- E. \_\_\_\_\_ Central Contracting Registration Confirmation Sheet (Attachment IV)
- F. \_\_\_\_\_ Small Business Representation (Attachment V)

\*Please answer every question on the " Personal Qualifications Sheet - Dental Laboratory Technician ". Mark "N/A" if the item is not applicable.

VI. OTHER INFORMATION FOR OFFERORS.

A. A handbook is available at [http://www-nmlc.med.navy.mil/acquisitions/handbooks/ISA\\_Handbook.pdf](http://www-nmlc.med.navy.mil/acquisitions/handbooks/ISA_Handbook.pdf). If there is a conflict between this document and the handbook, the requirements herein have precedence over the handbook.

B. After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, or (3) Send you a

letter telling you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make a contract award from your application.

C. If you are the successful applicant, the Contracting Officer will mail to you a formal Government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

D. You will need to obtain a DUNS (Data Universal Numbering System) number. This number must be obtained prior to registering in the CCR database described below. This DUNS number is a unique, nine-character company identification number. Even though you are an individual and not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

E. As of June 1, 1998 you must be initially registered and maintain your registry in Central Contractor Registration (CCR) as a prerequisite to becoming a Department of Defense Contractor. You may register in CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment V to this application. The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for dental laboratory technicians is 621210.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Center at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of this Notice of Contracting Opportunity. Any Contractor (including an individual) who is not registered in CCR will NOT be paid.

F. If you are awarded a contract, upon notification, you will be required to obtain a physical examination at your expense. A physician must complete the questions in the physical certification, provided with the contract. You will also be required to obtain the liability insurance specified in the Pricing Information. Before commencing work under your Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

G. A sample of a complete contract is available upon request.

H. All questions must be directed to E-mail at [Acquisitions@nmlc.med.navy.mil](mailto:Acquisitions@nmlc.med.navy.mil) , Subject Line: CODE 022S by fax at (301) 619-6793 or by telephone at (301) 619-2059.

We look forward to receiving your application.

**ATTACHMENT I**  
**PERSONAL QUALIFICATIONS SHEET - DENTAL LABORATORY TECHNICIAN**  
**(CERAMICS and/or CROWN AND BRIDGE)**

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).
2. After contract award, all the information you provide will be verified. If you submit false information, either
  - (a) your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts, and/or
  - (b) you may lose your clinical privileges. If that occurs, an adverse credentialing action report will be forwarded to your State licensing bureau and the National Practitioners Databank.
3. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam no more than 60 days prior to beginning work. This includes a record of required immunizations/tests. Maintaining current immunizations/test status is your responsibility. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

**PRIVACY ACT STATEMENT**

**Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a Government contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)mm/dd/yy)

4. Practice Information (Section H.7.1.3)

Yes   No

1. Have you ever been the subject of a malpractice claim? (indicate final disposition of case in comments)

\_\_\_\_   \_\_\_\_

2. Have you ever been a defendant in a felony or misdemeanor case? Indicate final disposition of the case in comments)

\_\_\_\_   \_\_\_\_

3. Has your license to practice or DEA certification ever been revoked or restricted in any state?

\_\_\_\_   \_\_\_\_

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

**ATTACHMENT I (Cont'd)**  
**PERSONAL QUALIFICATIONS SHEET - DENTAL LABORATORY TECHNICIAN**  
**(CERAMICS and/or CROWN AND BRIDGE)**

**I. General Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Last First Middle

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

**II. Professional Education:**

Certificate/Degree as a Dental Technician in Ceramics and/or Crown and Bridge

(Provide Name and location of National Board for Certified (NBC) School) \_\_\_\_\_

Date of Degree: \_\_\_\_\_ (mm/dd/yy) Certification area(s) \_\_\_\_\_

Military dental technician school: \_\_\_\_\_  
(Name of School and location) (Date completed)**III. Continuing Education:**

<u>Title of Course</u>	<u>Course Dates</u>	<u>CE Hrs</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**IV. Professional Employment:** List your current and preceding employers for the past 6 years. Experience must total 6 years, within 8 years immediately preceding receipt of proposals. Provide dates as month/year.

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
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(1) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work performed:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	<u>From</u>	<u>To</u>
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(2) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**ATTACHMENT I (Cont'd)**  
**PERSONAL QUALIFICATIONS SHEET - DENTAL LABORATORY TECHNICIAN**  
**(CERAMICS and/or CROWN AND BRIDGE)**

Work performed:

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	<u>From</u>	<u>To</u>
(3) _____	_____	_____
_____		
_____		
_____		

Work performed:

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Are you currently employed on a Navy contract? If so where is your current contract and what is the position and when does the contract expire?

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**V. Employment Eligibility**

Do you meet the requirements for U.S. Employment Eligibility contained in Attachment III?    Yes    No    (Circle one)

**VI. Professional References**

Provide three letters of recommendation from practicing dentists or lab managers familiar with your work and who can attest to your clinical skills, competencies, etc. Recommendation letters must include name, title, phone number, date of reference, address and signature of individual providing the letter. Reference letters must have been written within the preceding 5 years.

**VII. Required Immunizations/Screening Tests**

Hepatitis B Series                      Date(s) \_\_\_\_\_

PPD              Date of last reading \_\_\_\_\_ Sero-converter? \_\_\_\_\_

**VIII. Additional Information:** Provide any additional information you feel may enhance your ranking based on the, "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, etc.

**IX.** I hereby certify the above information to be true and accurate:

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date) (mm/dd/yy)

## ATTACHMENT II

## PRICING SHEET

## PERIOD OF PERFORMANCE

Services are required from 1 October 2003 through 30 September 2004. Four option periods will be included which will extend services through 30 September 2008, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

## PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price should be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Dental Hygienists in the Norfolk, VA area.

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
01	The offeror agrees to perform, on behalf of the Government, the duties of one full-time Laboratory Technician at the Naval Dental Center, Norfolk, VA in accordance with this application and the resulting contract.				
0001AA	Option Period I; 01 OCT 03 thru 30 SEP 04	2096	Hour	_____	_____
0001AB	Option Period II; 01 OCT 04 thru 30 SEP 05	2088	Hour	_____	_____
0001AC	Option Period III; 01 OCT 05 thru 30 SEP 06	2088	Hour	_____	_____
0001AD	Option Period IV; 01 OCT 06 thru 30 SEP 07	2080	Hour	_____	_____
0001AE	Option Period V; 01 OCT 07 thru 30 SEP 08	2096	Hour	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001				\$	_____

Printed Name \_\_\_\_\_ DUNS # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address \_\_\_\_\_

**ATTACHMENT III  
LISTS OF ACCEPTABLE DOCUMENTS**

**SUBMIT ONE FROM LIST A**

**LIST A**

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

**OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C**

**LIST B**

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above;**
10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

**LIST C**

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

## ATTACHMENT IV

CENTRAL CONTRACTOR REGISTRATION APPLICATION  
CONFIRMATION SHEET

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr.com>

If you do not have internet access, please contact the CCR Registration Assistance Centers at 1-888-227-2423 to request a copy of the application.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com/aboutdb/dunsform.htm>.

When you have done this, please include it with your application or mail or fax "**THIS COMPLETED CONFIRMATION SHEET**" to:

Naval Medical Logistics Command  
ATTN: Code 022S  
1681 Nelson Street  
Fort Detrick, MD 21702-9203  
FAX (301) 619-6793

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Date CCR was submitted:** \_\_\_\_\_

**Assigned DUN & BRADSTREET #:** \_\_\_\_\_

## ATTACHMENT V

## SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals, as an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

**NOTE:** This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

*Check as applicable:*

*Section A.*

- ( ) The offeror represents for general statistical purposes that it is a woman-owned small business concern.
- ( ) The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined in 13 CFR 124.1002.

**Section B**

[*Complete if offeror represented itself as disadvantaged in this provision.*] The offeror shall check the category in which its ownership falls:

- \_\_\_ Black American.
- \_\_\_ Hispanic American.
- \_\_\_ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
- \_\_\_ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
- \_\_\_ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

Offeror's Name Printed: \_\_\_\_\_

Offeror's Signature: \_\_\_\_\_

Date: \_\_\_\_\_